December 15, 2020

Submitted via email to MCHStrategy.hrsa@hrsa.gov

Maternal and Child Health Bureau, Health Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane
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Request for Information (RFI): Inviting comments and suggestions to inform the Maternal and Child Health Bureau Strategic Plan

To Whom It May Concern:

The Home Visiting Task Force the Illinois Early Learning Council is appreciative of the opportunity to offer information to inform the Maternal and Child Health Bureau Strategic Plan. Since its inception in 2009, the Home Visiting Task Force has served as a key source of programmatic expertise and strategic visioning for the statewide home visiting system, and represents a unique partnership dedicated to advancing cohesion and sustainability within the statewide home visiting field. [1] As a body of the Illinois Early Learning Council, a public-private partnership created by Public Act 93-380 dedicated to strengthening programs and services for children birth to age five in Illinois, the Home Visiting Task Force (HVTF) is the designated advisory body for the Maternal Infant and Early Childhood Home Visiting (MIECHV) program.

The HVTF appreciates that MCHB is demonstrating a deep commitment to improving equitable maternal and child health and well-being by undertaking significant planning efforts to advance a comprehensive strategic plan for the 11 programs under the Bureau's purview. Below, we offer comments and considerations for MCHB focused on the future of the Maternal Infant and Early Childhood Home Visiting (MIECHV) program and associated emerging challenges and opportunities for the home visiting field.

I. What do you see as core, critical activities of MCHB? What is most important to continue into the future? Are there things not being done that should be?

First and foremost, the HVTF would applaud the Maternal and Child Health Bureau for its continued leadership of the home visiting field through the oversight of the MIECHV program. Noting that the critical activities of the MIECHV program extend beyond direct-service program administration, MCHB should continue to ensure that MIECHV is sufficiently resourced to communicate clearly and regularly with providers, efficiently administer direct service and other contracts, monitor and disseminate data about the functioning of its programs, engage in long-term systems planning to improve state home visiting systems, and maintain cohesion with the other major funders of home visiting. In Illinois, the MIECHV program functions as a connective tissue for the statewide home visiting system, leading cross-model and cross-funder collaboration in addition to supporting the incubation and scale of several key innovative home visiting projects aimed at improving service delivery and supports for priority populations. Innovations supported by the Illinois MIECHV program include adaptations tailored to the

[1] State Home Visiting Vision and Priorities; Drafted by the Home Visiting Task Force and affirmed by the major funders of home visiting and the Illinois Early Learning Council in 2019

needs of families experiencing homelessness, pregnant and parenting youth in care, as well as Illinois' first Family Connects universal newborn home visiting pilot sites. Beyond providing the infrastructure support for the creation of these innovative programs, MCHB should work to institutionalize these types of adaptations within the broader statewide home visiting system, liaising with national home visiting models, exploring emerging research into precision home visiting approaches, and providing technical assistance and guidance to state programs.

As home visiting programs and the broader early childhood field have worked to respond to the COVID-19 health crisis and shifting public health guidance, providers and systems leaders have successfully pivoted to provide virtual services and maintain connections with families. This success has depended on the leadership and flexibility of the major funders of home visiting, particularly with respect to granting leniency to programs to adapt to new service delivery modalities and weather recruitment and retention challenges posed by the pandemic. The HVTF would therefore encourage MCHB to continue to exercise flexibility regarding program requirements for virtual service delivery, recruitment and enrollment, and staff supports through the continuation of the pandemic as well as into the post-pandemic recovery period.

However, the HVTF would still emphasize the ultimate goal for home visiting is to return to in-person service delivery as soon as safe for providers and families. In continuing to affirm its commitment to early childhood home visiting through the new strategic plan, the HVTF would additionally encourage MCHB to emphasize the need to focus on a return to in-person, relationship-driven supports for the parent-child relationship. Longer term, though virtual platforms and communication tools have allowed the field to continue supporting families remotely throughout the pandemic, the HVTF would again caution that in-person relationship driven support for families is at the cornerstone of home visiting. Virtual home visiting should be considered by MCHB as a tool, used to supplement, not supplant, traditional in-person service delivery. At a time when the home visiting field is working to support the recruitment and retention of qualified home visiting professionals through increases to compensation and additional provider supports like Infant and Early Childhood Mental Health Consultation, the HVTF would caution that virtual home visiting is not a solution for lowering the cost to deliver home visiting services. In expressing a commitment to a return to in-person home visiting after the COVID-19 pandemic, MCHB can signal to other state and federal funders that home visiting still requires greater investment.

Finally, the HVTF would elevate the need for MCHB to expand a focus on doula services as a complement to the array of evidence-based home visiting services supported by the MIECHV program. For decades, doula and home visiting services have served as an important part the landscape of supports for pregnant and new parents in Illinois and are backed by a robust body of evidence. Doula support in the perinatal period is also a critical tool for addressing rising maternal mortality and morbidity rates, and the deep disparities in maternal health across race and ethnicity. As documented by the Illinois Department of Public Health, Non-Hispanic Black women and Hispanic women in Illinois are six and two times more likely to die of a pregnancy related condition, respectively, compared to non-Hispanic white women. [2] Notably, alongside the expansion of intensive home visiting services, the expansion of doula services was cited as a core recommendation by the Illinois Department of Public Health as a needed response to this crisis in maternal health and health inequity.[3]

[2] Thornton, Patrick, et al. "Illinois Maternal Morbidity and Mortality Report October 2018." (2020). https://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf

[3] Illinois Maternal Morbidity and Mortality Report, October 2018.

Studies have shown that people who receive doula services, which consist of education, empowerment, and support to pregnant and birthing parents from the prenatal period to several weeks postpartum provided by a trained professional, are more likely to have spontaneous vaginal births and less likely to have any pain medication, epidurals, negative feelings about childbirth, vacuum or forceps-assisted births, and Cesareans.[4] Prenatal doula visits, which may encourage timely participation in prenatal care and positive health-behaviors, as well as reducing maternal stress, may also be associated with reductions in pre-term births. [5] Doula services were prior funded by MCHB as a Special Projects of Regional and National Significance (SPRANS) award, and the HVTF would like to see MIECHV supported doula services return as a priority for MCHB. Doulas are a critical component of maternal and child health, and long-term, the HVTF would urge MCHB to leverage doula services embedded in home visiting programs to address disparities in maternal health outcomes, improve engagement in home visiting, and strengthen the continuum of health-supportive interventions starting prenatally.

II. MCHB has responsibility for a wide range of programs and initiatives. How could MCHB help its programs be more effective and successful? Do you see specific untapped opportunities related to one or more programs, populations, or areas of focus?

Wherever possible, MCHB should maximize coordination and alignment of the programs under their purview. As an example, MCHB should continue to host an annual meeting of MCHB grantees, including high-level administrators, to facilitate cross-collaboration and information sharing outside of traditional program silos. With an eye to the potential linkages between Title V and MIECHV, MCHB should strengthen the capacity of home visitors to reinforce vital public health messaging, strengthen bi-directional referral pathways to and from home visiting programs, and increase awareness of home visiting programs among health-focused providers. Guidance from MCHB about how to ensure data sharing across the recent Title V and MIECHV Needs Assessment, as well as technical assistance to support alignment in planning for future research and needs assessments, could be integral to strengthen alignment across the two core programs.

Across all its programs, MCHB should also look to deepen family engagement and elevate family voice in research, program design, and policy making. The requirements associated with traditional service delivery and the existing array of evidence-based home visiting models may not be responsive to the needs and desires of many families, as evidenced by enrollment and retention data on MIECHV and other home visiting programs. MCHB must identify strategies to solicit input from families to assess whether home visiting services are designed and delivered in a way that appeals to a broad array of family needs. Beyond listening to input from necessary step to ensure that the MIECHV service delivery system is accessible and responsive to changes in family desires and needs. Family voice must be elevated in policy and systems building discussions to ensure that the feedback from consumers is reflected in changes to program offerings and outreach strategies, which may require MCHB to expand support for emerging approaches outside of the HomVEE review structure.

Additionally, MCHB can draw on key systems of support used by the home visiting system to bolster greater awareness of early childhood development, parent-child attachment, and early childhood mental health among the workforce for the broad array of programs under the Bureau's purview. Within home visiting, the goal of Infant and Early Childhood Mental Health Consultation (IECMHC) is to increase the capacity of home visiting programs to identify and address the mental health needs of young children and families, and to instill reflective practices into their organizational culture. As a multi-

[4] Hodnett, Ellen D., et al. "Continuous support for women during childbirth." *Cochrane database of systematic reviews* 7 (2013).
[5] Gruber, Kenneth J., Susan H. Cupito, and Christina F. Dobson. "Impact of doulas on healthy birth outcomes." *The Journal of perinatal education* 22.1 (2013): 49-58.

level preventative intervention that teams mental health consultants with home visitors and supervisors, IECMHC is funded by the MIECHV program and other sources in Illinois, and is an asset to the field. In addition, mental health consultants can foster an understanding with programs and home visitors about trauma and how that disrupts child development. As the COVID-19 pandemic continues, amidst rising concerns about the mental health needs of parents and children, the HVTF would encourage MCHB to provide IECMHC across sectors to infuse a greater awareness of the needs of early childhood mental health into maternal and child health initiatives more broadly. Similarly, we would elevate the potential applicability of the Facilitating Attuned Interactions (FAN) approach which aims to strengthen the provider-parent relationship to support parents' connection to their children. Though created as a tool for infant specialists working with parents struggling with their infants' crying, feeding or sleeping, the FAN approach can also support relationship building in other maternal and child health settings, and can be an important framework for family-facing providers in MCHB supported programs.

III. Thinking about equity, how can MCHB support efforts to eliminate disparities and unequal treatment based on race, income, disability, sex, gender, and geography? How might MCHB guidance, funding opportunities, or partnerships play a role?

The home visiting system in Illinois is committed to approaching service delivery and systems design through a strengths-based racial equity lens. The HVTF appreciates that MCHB has articulated a strong commitment to addressing disparities in child and parent well-being across race, income, disability, sex, gender, and geography. With an eye toward the ways in which inequitable outcomes across the latter dimensions are undergirded by and often exacerbated by systemic racism and inequalities on the basis of race and ethnicity, the HVTF would elevate the need for data-driven, anti-racist policies to strengthen equity within the MIECHV home visiting system. As a tool for increasing equity in how families access and receive services in MCHB programs, the HVTF would urge the use of racial equity impact assessments to analyze the potential consequences for new funding opportunities and policy decisions. Concrete tools for home visiting, like the "Cultural Sensitivity: A Process of Self Awareness and Integration" workbook for Healthy Family America sites could be replicated by MHCB for all MIECHV programs to ensure that services are culturally sensitive, rooted in an understanding and respect of the cultural differences among families, and delivered by staff using materials that reflect the cultural, linguistic, geographic, racial and ethnic diversity of the population served.

As noted above, a key priority of the HVTF has been the scaling of successful program enhancements and modifications, working toward the institutionalization of promising practices, namely those serving Priority Populations. Throughout Illinois, bilingual home visitors bridge the gap to important community resources for families that speak a language other than English, and support immigrant and mixed-status families. Though not supported by MIECHV dollars, Illinois is home to a partnership between the Baby TALK (Teaching Activities for Learning and Knowledge) home visiting model and RefugeeOne Wellness Program, a mental health program serving families with young children through older adults at a local refugee resettlement program in Chicago, Illinois. Results from a randomized control trial evaluating the impacts on refugee and undocumented immigrant families with children between three and 36 months found significant positive findings in child outcomes, with a significant effect size for language development and a significant gain in socioemotional development for families who received Baby TALK's Home Visiting intervention.

With the support of MIECHV leadership and funding in Illinois, the continuum of home visiting services has broadened to include a number of innovations including projects serving families experiencing homelessness, pregnant and parenting youth involved in the child welfare system, and partnerships with a Managed Care Organization. The HVTF would emphasize that continuing this innovative stance is

critical to the success of the MIECHV program and would encourage MCHB to identify avenues to grow community-driven approaches to home visiting outside beyond the existing set of HomVEE approved models. MCHB can additionally work to cultivate and scale promising practices co-created by and responsive to priority populations and Black, Indigenous, and People of Color (BIPoC) families.

Furthermore, recognizing the pressing need to increase equity within the home visitor workforce, the HVTF would advocate for MHCB, through the MIECHV program, to explore strategies to increase home visitor compensation and pathways to recruit and retain a diverse workforce representative of the families served by the program. Even before the COVID-19 pandemic, the home visiting field struggled to recruit and retain qualified professionals, as low compensation and professional stress contributed to burnout and turnover. Encouraging state implementing entities to leverage MIECHV dollars to increase salaries for home visitors and exploring compensation increases for bilingual staff could offer programs with much-needed funding and flexibility to recruit and retain practitioners. Likewise, exploring funding opportunities or guidance to support pathways for immigrant and refugee parents served by home visiting to become home visitors could be effective, innovative uses of the MIECHV program that could serve the broader home visiting system.

Noting the potential use of data already collected by MIECHV programs, including the MIECHV benchmark data, and the ten-year MIECHV Needs Assessments, the HVTF would encourage MCHB to push state programs to analyze available data for disparities in access to and satisfaction with services, as well as other crucial maternal and child health outcomes. Though it is not required, the Illinois MIECHV program has committed to disaggregating the MEICHV benchmark data, including measures on pre-term births, well-child visits, and more, by race and ethnicity. Assembling multi-year, aggregated data and facilitating data sharing across states could support learning on the experiences and unmet needs of the families served by MCHB programs.

IV. Thinking about trends in emerging science, public health, health care, workforce, and technology, what do you see as key opportunities for MCHB?

As the home visiting field evolves, the use of precision home visiting and the ability to meet the unique needs of each family is rapidly becoming an important marker of program success. The HVTF would encourage MCHB to support how variations in established interventions, as well as emerging practices, can be best tailored to families' unique strengths and needs. To explore precision home visiting, MCHB could support discussions with model developers about the components of their models that can be adapted while still adhering to their evidence base, leveraging diverse family voices to inform where investments in new approaches should be directed. MCHB can additionally consider new and different measures of the quality and effectiveness of home visiting programs, such as parental efficacy and length of retention, and must fund practices beyond the scope of the HomVEE approved evidence-base.

The COVID-19 pandemic has accelerated collaborations between public health, primary health care, and other family-facing systems including MIECHV home visiting, and has required MIECHV and other major funders of home visiting to offer unprecedented flexibility to programs using virtual visits, opening up a window of opportunity in which to assess which modifications to service delivery may support children and families. Without losing sight of the goal to return to in-person home visiting when the pandemic subsides, MCHB should capitalize on the opportunity to evaluate what the field has learned from the shift to virtual service delivery, from ways to creatively engage families to new sets of workforce supports. As the field works to understand the blend of service delivery strategies that will serve families in the long-term, research should ensure key equity issues are investigated including access to and

comfort with technology, and disparities in health risks and comfort with in-home services moving forward.

MCHB will need to continue to support the home visiting field and MIECHV program through the remainder of the COVID-10 pandemic, exercising the utmost flexibility and trust in providers, as well as continuing to coordinate guidance with public health experts to provide updated information to state implementing entities. As promising information about COVID-19 vaccinations emerges, home visitors can serve as crucial public health messengers to families. MCHB should proactively consider how to leverage home visitors as trusted sources of information to promote COVID-19 vaccination uptake among families with young children, and should additionally continue to work toward bi-directional communication pathways to solicit information about family needs, health care access, and continued barriers in the post-pandemic recovery environment. MCHB should also consider how to support access to vaccination for home visitors and other maternal and child health professionals entering the homes of families.

Finally, long term, sustainable federal funding for home visiting is critical, but state systems cannot depend on the MIECHV program alone to finance service delivery and infrastructure supports. In Illinois, programs often blend and braid federal and state home visiting sources, including integrating MIECHV and other funding streams at the program level. To maximize available federal funding, including Title IV-E and Child Abuse Prevention and Treatment Act (CAPTA) child welfare prevention dollars or Medicaid reimbursement for home visiting, it may be beneficial for MCHB to offer guidance to states on how best to integrate these streams with existing MIECHV funding and program requirements.

Thank you for consideration of the above comments. For any additional information, please contact Kayla Goldfarb, Home Visiting Task Force staffer, Illinois Policy at Start Early, 33 W. Monroe Street, Suite 1200, Chicago, Illinois 60603, kgoldfarb@startearly.org

Sincerely,

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